

Fertility Medications

Most plans do not cover medications to improve or achieve fertility or treat infertility. However, certain plans provide coverage. If your plan provides coverage for fertility/infertility medications, cost share will apply based on whether the medication is a brand or a generic:

Generic Medication: Tier 1 Brand Medication: Tier 3

Coinsurance plans that provide coverage will generally be covered at the retail & mail order coinsurance level. However, certain medications to improve or achieve fertility or treat infertility may apply a different cost share.

1 Low Cost Share
2 Moderate Cost Share
3 Moderately High Cost Share
4 Highest Cost Share
A Specialty Medications, Low Cost Share
B Specialty Medications, Moderate Cost Share
C Specialty Medications, Moderately High Cost Share
D Specialty Medications, Highest Cost Share

Plans may include specialty medications at varying cost share tiers.

To check coverage and copay information for a medication under your plan, visit azblue.com and log into MyBlue. If you do not have access to the website, call the Pharmacy Benefits number on the back of your member ID card.

Questions?

Log in to MyBlueSM to find participating retail pharmacies, review your specific benefit information, and compare medication pricing and options. If you have questions, please call us.

Member Services	Phone Number	Standard Hours of Operation
Pharmacy Benefits	1 (866) 325-1794	24/7/365
BCBSAZ	Call the number on your ID card	8:30 a.m. to 4:30 p.m. Monday - Friday

Fertility Rider Drug List

Drug	Notes
Endocrine And Metabolic Agents - Misc.	
*Gnrh/Lhrh Antagonists***	
CETROTIDE SUBCUTANEOUS KIT 0.25 MG	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
ganirelix acetate solution prefilled syringe 250 mcg/0.5ml subcutaneous	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
*Ovulation Stimulants-Gonadotropins***	
chorionic gonadotropin intramuscular	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
FOLLISTIM AQ SUBCUTANEOUS	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
GONAL-F	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
GONAL-F RFF	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
GONAL-F RFF REDIJECT SUBCUTANEOUS SOLUTION PEN-INJECTOR	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
MENOPUR	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
NOVAREL	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
OVIDREL	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
PREGNYL	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance))
*Ovulation Stimulants-Synthetic***	·
CLOMID	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F
Progestins	·
*Progestins***	
progesterone micronized transdermal	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F

OPEN Drug List; Last revision date:04/25/2024 To search for a drug use control + f

Drug	Notes	
Vaginal And Related Products		
*Vaginal Progestins***		
ENDOMETRIN	FERT (excluded unless Fertility Rider [FERT] applies (generics tier 1/brands tier 3 OR coinsurance)); F	

Blue Cross Blue Shield of Arizona (BCBSAZ) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. BCBSAZ provides appropriate free aids and services, such as qualified interpreters and written information in other formats, to people with disabilities to communicate effectively with us. BCBSAZ also provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, call 602-864-4884 for Spanish and 877-475-4799 for all other languages and other aids and services.

If you believe that BCBSAZ has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with: BCBSAZ's Civil Rights Coordinator, Attn: Civil Rights Coordinator, Blue Cross Blue Shield of Arizona, P.O. Box 13466, Phoenix, AZ 85002-3466, 602-864-2288, TTY/TDD 602-864-4823, crc@azblue.com. You can file a grievance in person or by mail or email. If you need help filing a grievance BCBSAZ's Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at https://www.hhs.gov/ocr/office/file/index.html.



Multi-language Interpreter Services

Spanish: Si usted, o alguien a quien usted está ayudando, tiene preguntas acerca de Blue Cross Blue Shield of Arizona, tiene derecho a obtener ayuda e información en su idioma sin costo alguno. Para hablar con un intérprete, llame al 602-864-4884.

Navajo: Díí kwe'é atah nílínigíí Blue Cross Blue Shield of Arizona haada yit'éego bína'ídíłkidgo éí doodago Háida bíjá anilyeedígíí t'áadoo le'é yína'ídíłkidgo beehaz'áanii hólo díí t'áá hazaadk'ehjí háká a'doowołgo bee haz'ą doo bąąh ílínígóó. Ata' halne'ígíí kojį' bich'į' hodíilnih 877-475-4799.

Chinese: 如果您, 或是您正在協助的對象, 有關於插入項目的名稱 Blue Cross Blue Shield of Arizona 方面的問題, 您有權利免費以您的母語得到幫助和訊息。洽詢一位翻譯員, 請撥電話 在此插入數字 877-475-4799。

Vietnamese: Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Blue Cross Blue Shield of Arizona quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Để nói chuyện với một thông dịch viên, xin gọi 877-475-4799.

Arabic:

إن كان لديك أو لدى شخص تساعده أسئلة بخصوص Blue Cross Blue Shield of Arizona، فلديك الحق في الحصول على المساعدة والمعلومات الضرورية بلغتك من دون اية تكلفة اللتحدث مع مترجم اتصل ب. 877-4759-879

Tagalog: Kung ikaw, o ang iyong tinutulangan, ay may mga katanungan tungkol sa Blue Cross Blue Shield of Arizona, may karapatan ka na makakuha ng tulong at impormasyon sa iyong wika ng walang gastos. Upang makausap ang isang tagasalin, tumawag sa 877-475-4799.

Korean: 만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Blue Cross Blue Shield of Arizona 에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수 있는 권리가 있습니다. 그렇게 통역사와 얘기하기 위해서는 877-475-4799 로 전화하십시오.

French: Si vous, ou quelqu'un que vous êtes en train d'aider, a des questions à propos de Blue Cross Blue Shield of Arizona, vous avez le droit d'obtenir de l'aide et l'information dans votre langue à aucun coût. Pour parler à un interprète, appelez 877-475-4799.

German: Falls Sie oder jemand, dem Sie helfen, Fragen zum Blue Cross Blue Shield of Arizona haben, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 877-475-4799 an.

Russian: Если у вас или лица, которому вы помогаете, имеются вопросы по поводу Blue Cross Blue Shield of Arizona, то вы имеете право на бесплатное получение помощи и информации на вашем языке. Для разговора с переводчиком позвоните по телефону 877-475-4799.

Japanese: ご本人様、またはお客様の身の回りの方でも、Blue Cross Blue Shield of Arizona について ご質問がございましたら、ご希望の言語でサポートを受けたり、情報を入手したりすることが できます。料金はかかりません。通訳とお話される場合、877-475-4799 までお電話ください。

Farsi:

اگر شما، یا کسی که شما به او کمک میکنید ، سوال در مورد Blue Cross Blue Shield of Arizona ، داشته باشید حق این را دارید که کمک و اطلاعات به زبان خود را به طور رایگان دریافت نمایید 4799-475-877 [تماس حاصل نمایید.

Assyrian:

Serbo-Croatian: Ukoliko Vi ili neko kome Vi pomažete ima pitanje o Blue Cross Blue Shield of Arizona, imate pravo da besplatno dobijete pomoć i informacije na Vašem jeziku. Da biste razgovarali sa prevodiocem, nazovite 877-475-4799.

Thai: หากคณ หรอคนทคณกาลงชวยเหลอมคาถามเกยวกบ Blue Cross Blue Shield of Arizona คณมสทธทจะไดรบความชวยเหลอและขอมลในภาษา ของคณไดโดยไมมคาใชจาย พดคยกบลาม โทร 877-475-4799

